### Appendix B

# **Request for Change of Degree**



#### OFFICE OF THE REGISTRAR

2600 Cleveland Avenue NW, Canton, OH 44709 Phone: (330) 471-8128 | Email: registrar@malone.edu

# **REQUEST FOR CHANGE OF DEGREE**

### **Associate of Arts in General Studies**

Student Name (print): _			Date:	
Current Degree: Bac	chelor of Arts Bache	lor of Science Current Major:		
I request to replace following:	my current program with	h the A.A. in General Studies Pro	gram. In doing so, I acknowledge the	
	s a fully-online program. as part of this program.	•	on the number of on-campus courses	
2. Pursuit of the A.A	. degree may change elig	ibility requirements for a student	's <u>financial aid</u> and <u>veteran's benefits</u> .	
	the Financial Aid Office rod@malone.edu.	egarding your financial aid eligibil	ity by phone at (330) 471-8159 or by	
<ul> <li>Consult with gphelps@ma</li> </ul>		our veteran's benefits by phone at	(330) 471-8127 or by email	
_		e completed at Malone with no mectives within this program.	ore than 2 major courses and/or	
program. Selectio	•	. •	ey hours at Malone as required for this lent to complete 24 hours in residence	
5. Currently, interna an on-campus pro		ligible to enroll in a fully-online p	rogram and should therefore choose	
	Actio	n: Approved Denied		
Program Director Signature:			Date:	
Office Use Only	Student ID:	Date Received:	Processed By:	